

F98000005520



ACCOUNT NO. : 072100000032

REFERENCE : 968639 7163387

AUTHORIZATION :

*Patricia Pizut*

COST LIMIT : \$122.50

\*\*\*\*\*PLEASE CHANGE ORIGINAL ORDER TO CERT. COPIES\*\*\*\*\*

ORDER DATE : September 21, 1998

ORDER TIME : 9:59 AM

900002653109--6

ORDER NO. : 968639-005

CUSTOMER NO: 7163387

CUSTOMER: Hilton 7163387 P. Bowen, Cpa  
Hilton And Associates  
Suite 111  
7439 La Palma Avenue  
Buena Park, CA 90620

FOREIGN FILINGS

NAME: CHIRON RISING PUBLICATIONS,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ~~CERTIFIED COPY~~  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

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DIVISION OF CORPORATIONS  
98 OCT -1 PM12:10

*mtu*  
*10/2*



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

October 1, 1998

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: CHIRON RISING PUBLICATIONS, INC.  
Ref. Number: W98000022433

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 098A00049086

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:*

1. CHIRON RISING PUBLICATIONS, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. WYOMING  
(State or country under the law of which it is incorporated)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 12-04-1995  
(Date of Incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. 01-01-99  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 4864 Luna Road  
Phelan, CA 92371  
(Current mailing address)
8. publishing, bi-annual conventions, and other legal matters  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

, Florida, 32301

(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Cecil W. Dole

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: See attached officers/directors rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Patrick H. Colley  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PATRICK H. COLLEY, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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12. A. Directors

Chairman: Patrick H. Colley  
4864 Luna Road, Phelan, CA 92371

Vice Chairman: Bruce A. Vaughan  
4864 Luna Road, Phelan, CA 92371

B. Officers

President: Patrick H. Colley  
4864 Luna Road, Phelan, CA 92371

Vice President: Bruce A. Vaughan  
4864 Luna Road, Phelan, CA 92371

Secretary: Bruce A. Vaughan  
4864 Luna Road, Phelan, CA 92371

Treasurer: Bruce A. Vaughan  
4864 Luna Road, Phelan, CA 92371

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# State of Wyoming

## Office of the Secretary of State



United States of America, }  
State of Wyoming } ss.

I, DIANA J. OHMAN, Secretary of State of the State of Wyoming, do hereby certify that according to the records in the office of the Secretary of State of Wyoming, CHIRON RISING PUBLICATIONS, INC. is a corporation organized under the laws of the State of Wyoming, whose date of incorporation is 12/04/1995; and whose period of duration is PERPETUAL.

I FURTHER CERTIFY that this corporation has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the corporation in existence in the State of Wyoming.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 22nd day of September A.D., 1998.



*Diana J. Ohman*  
\_\_\_\_\_  
Secretary of State

By *Rosalie Gonzales*  
\_\_\_\_\_